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EXAMINER
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COBANOGLU, DILEK B

ART UNIT	PAPER NUMBER
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3626

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08/31/2010

PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Office Action Summary</b>	<b>Application No.</b> 10/560,409	<b>Applicant(s)</b> KIM, SUHUNG-GWON	
	<b>Examiner</b> DILEK B. COBANOGLU	<b>Art Unit</b> 3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

#### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

- 1) ☒ Responsive to communication(s) filed on 13 December 2005.
- 2a) ☐ This action is **FINAL**.                      2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

- 4) ☒ Claim(s) 1-26 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-26 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

- 9) ☒ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 13 December 2005 is/are: a) ☒ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All    b) ☐ Some \*    c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
  2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

- |   |   |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)   | 4) <input type="checkbox"/> Interview Summary (PTO-413)<br>Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftperson's Patent Drawing Review (PTO-948)   | 5) <input type="checkbox"/> Notice of Informal Patent Application                       |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)<br>Paper No(s)/Mail Date <u>02/10/2006, 2/14/2008, 4/1/2009, 9/23/2009</u> . | 6) <input type="checkbox"/> Other: _____  |

## **DETAILED ACTION**

### ***Notice to Applicant***

1. A preliminary amendment has been received on 12/13/2005. Claims 1-26 have been examined.

### ***Priority***

2. Acknowledgment is made of applicant's claim for foreign priority under 35 U.S.C. 119(a)-(d). The certified copy has been filed in parent Application No. 10-2003-0047695, filed on 7/14/2003, Application No. 10-2003-0038564, filed on 6/14/2003, Application No. 10-2003-0038563, filed on 6/14/2003, and Application No. 10-2003-0038558, filed on 6/14/2003.

### ***Claim Objections***

3. Claim 26 is objected to because of the following informalities: claim 26 recites "...comprising the stepact of (5)...", Examiner considers that there is a typographical error, and the claim should read "...comprising the act of (5)..." to be consistent with the other claims. Appropriate correction is required.

### ***Claim Rejections - 35 USC § 102***

4. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

5. Claims 1-18, 20-21 and 25-26 are rejected under 35 U.S.C. 102(b) as being unpatentable by Campbell et al. (hereinafter Campbell) (U.S. Patent No. 6,047,259).

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A. Claim 1 has been amended now to recite an online medical information management method applied to a medical information providing system, comprising the acts of:

(1) when a physician terminal connected to the medical information providing system requests a medical information management service for a physician from a network, a controller performing an authentication procedure for the request (Campbell; col. 6, lines 20-63);

(2) when it is determined by the authentication procedure that the request has been made by an authenticated user, the controller transmitting a physician's web screen to the physician terminal, the physician's web screen comprising at least one block selected from the group consisting of a user information display block, a My menu block, a main menu block, a patient information view block, and a patient information input block (Campbell; col. 6, lines 20-63);

(3) when a patient to be cared for is selected, the controller displaying information in the user information display block, the information including at least one information item selected from the group consisting of patient identification, department concerned, primary care physician, diagnosis, and operation (Campbell; col. 7, lines 30-56);

(4) when at least one information item selected from the group consisting of new outpatient, outpatient progress, new inpatient, admission progress, ask for referral, operation record, discharge record, medical certificate/request, form, and psychiatric findings is input through the patient information input block, the

controller storing the input information together with the patient information displayed in the user information display block (Campbell; col. 9, lines 5-40); and (5) when a request to view at least one information item selected from the group consisting of new outpatient, outpatient progress, examination query, ask for referral, form, new inpatient, admission progress, operation record, and discharge record is input through the patient information view block, the controller retrieving pertinent information among the information items stored in act (4) and outputting the retrieved information through the patient information view block (Campbell; col. 9, lines 5-41).

B. Claim 2 has been amended now to recite the method of claim 1, wherein the user information display block displays at least one selected from the group consisting of an attending doctor menu item for identifying and registering a physician other than a primary care physician, if any, a Medication menu item for check information on medicines prescribed for the patient, a patient information menu item for checking detailed identification information for the patient, an alert menu item for inputting or viewing special status information on the patient, and a reminder menu item for inputting or viewing matters to be attended in caring the patient (Campbell; col. 11, line 30 to col. 12, line 2).

C. Claim 3 has been amended now to recite the method of claim 1, further comprising the acts of:

(6) when the physician' web screen is output and simultaneously an order input menu item is selected, the controller displaying an order input window for

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inputting an order for the patient on the physician terminal and storing the order input through the order input window (Campbell; col. 16, line 14 to col. 17, line 45); and

(7) when there is a request to view the order input through the patient information view block, the controller transmitting the stored order to the physician terminal to be displayed (Campbell; col. 16, line 14 to col. 17, line 45).

D. Claim 4 has been amended now to recite the method of claim 1 further comprising the act of:

(8) when there is a request for view nursing notes input through the patient information view block, the controller displaying in the patient information view block the nursing notes input and stored through a nurse terminal (Campbell; col. 9, lines 5-41, col. 15, line 54 to col. 16, line 29).

E. Claim 5 has been amended now to recite the method of claim 1, wherein the information items input through the patient information input block, including new outpatient, outpatient progress, new inpatient, admission progress, ask for referral, operation record, discharge record, medical certificate/request, form, and psychiatric findings, are configured to allow the physician to selectively check or to directly input the same (Campbell; col. 9, line 42 to col. 10, line 62).

F. Claim 6 has been amended now to recite the method of claim 1, wherein the patient information displayed on the patient information view block is configured to output pertinent content in an in chronological order (Campbell; col. 9, line 42 to col. 10, line 62).

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G. Claim 7 has been amended now to recite the method of claim 1, wherein the patient information input block for inputting the information on new outpatient and new inpatient information displays at least one menu item selected from the group consisting of chief complaint (CC), present illness (PI), past history<sup>1</sup> (PHx<sup>1</sup>), past history<sup>2</sup> (PHx<sup>2</sup>), review of systems (ROS), physical examination (PE) and treatment plan (A/P) (Campbell; col. 10, lines 13-29).

H. Claim 8 has been amended now to recite method of claims 1, wherein when the information input through the physician's web screen is stored and there is a request for the stored information from at least one terminal selected from the physician terminal, the nurse terminal, the clinical laboratory staff terminal, and the administrative staff terminal, make a request for the stored information when the request has been made by a the user authenticated to have a viewing right (Campbell; col. 9, lines 5-41).

I. Claim 9 has been amended now to recite an online medical information management method applied to a medical information providing system, comprising the acts of:

(1) when a nurse terminal connected to the medical information providing system requests a medical information management service for a nurse through a network, a controller performing an authentication procedure for the request (Campbell; col. 6, lines 20-63);

(2) when it is determined by the authentication procedure that the request has been made by an authenticated user, the controller transmitting a nurse's web

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screen to the nurse terminal, the nurse's web screen comprising at least one block selected from the group consisting of a user information display block, a My menu block, a main menu block, a patient selection block, and a patient information input/output block (Campbell; col. 7, lines 30-56);

(3) when a patient to be cared for is selected, the controller displaying information in the user information display block, the information including at least one information item selected from the group consisting of patient identification, department concerned, primary care physician, diagnosis, and operation (Campbell; col. 7, lines 30-56); and

(4) when there is a request for activating at least one menu item of the 'My menu' block selected from the consisting of order execution, nursing notes, clinical observation, serious case nursing note, nursing activity execution, initial nursing information, post discharge nursing plan, pre-operation nursing status checklist, nursing note and nursing activity query, patient position check, medication issuance, diet issue and review, examination result review, and discharge process, the controller outputting the pertinent content to the patient information input/output block, storing the information input through the patient information input/output block therein, and outputting the requested information through the patient information input/output block when there is a request for outputting the menu items (Campbell; col. 9, lines 5-41, col. 11, line 30 to col. 12, line 2), the patient selection block displaying a first patient selection button for activating patient selection, a second patient selection button displayed in different types



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according to the menu item selected by the first patient selection button, and a patient list for displaying a list of patients according to the menu item selected by the second patient selection button (Campbell; col. 10, lines 47-62).

J. Claim 10 has been amended now to recite the method of claim 9, wherein the user information display block displays at least one selected from the group consisting of an attending doctor menu item for identifying and registering a physician other than a primary care physician, when a physician is designated, a medication menu item for check information on medicines prescribed for the patient, a patient information menu item for checking detailed identification information for the patient, an alert menu item for inputting or viewing special status information on the patient, and a reminder menu item for inputting or viewing reminders to care for the patient (Campbell; abstract, col. 1, line 50 to col. 2, line 13).

K. Claim 11 has been amended now to recite the method of claim 9, further comprising the act of: (5) when an order execution menu item is selected from the 'My menu' block, the controller displaying the order input and stored by the physician on the patient information input/output block (Campbell; col. 9, lines 5-41, col. 12, line 59 to col. 13, line 18).

L. Claim 12 has been amended now to recite the method of claim 9, further comprising the act of: (6) when a nursing note menu item is selected from the 'My menu' block, the controller displaying items to be input to the nursing note, and when there is a request for storing the selected item among the items, displaying

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the selected item and outputting the same through the patient information input/output block (Campbell; col. 9, lines 5-41, col. 15, line 54 to col. 16, line 29).

M. Claim 13 has been amended now to recite the method of claim 9, further comprising the act of: (7) when a clinical observation menu item is selected from the 'My menu' block, the controller 4-g-displaying the pertinent screen on the patient information input/output block, storing the clinical observation information input through the input/output block and outputting the same through the patient information input/output block (Campbell; col. 9, lines 5-41, col. 15, line 54 to col. 16, line 29).

N. Claim 14 has been amended now to recite the method of claim 9, wherein when the information input through the nurse's web screen is stored and there is a request for the stored information from at least one selected from the physician terminal, the nurse terminal, the clinical laboratory staff terminal, and the administrative staff terminal, the information is transmitted for viewing when the request has been made from the user authenticated to have a viewing right(Campbell; col. 9, lines 5-41, col. 15, line 54 to col. 16, line 29).

O. Claim 15 has been amended now to recite an online medical information management method applied to a medical information providing system, comprising the acts of:

(1) when there is a request for a medical information management service for clinical laboratory staff from at least one selected from the physician terminal, the nurse terminal, and the clinical laboratory staff terminal connected to the medical

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information providing system through a network an Internet or an Intranet, a controller performing an authentication procedure for the request (Campbell; col. 5, lines 33-61, col. 6, lines 20-63);

(2) when it is determined by the authentication procedure that the request has been made by an authenticated user, the controller transmitting a clinical laboratory staff's web screen to the requesting terminal, the clinical laboratory staff's screen including at least one block selected from the group consisting of a user information display block, a main menu block, and a patient information input/output block (Campbell; col. 7, lines 30-56);

(3) when a patient to be reviewed is selected, the controller displaying information on the user information display block, the information including at least one information item selected from the group consisting of patient identification, department concerned, primary care physician, diagnosis, operation, examination history, consultation history, treatment history, treatment room and examining room (Campbell; col. 7, lines 30-56); and

(4) the controller outputting pertinent information according to the content of the menu item selected from the main menu block to the patient information input/output block and storing the examination or treatment related information input through the patient information input/output block, and outputting the examination or treatment related information when there is a request for reviewing the information, wherein the clinical laboratory staff's web screen in act (2) is at least one selected from a web screen for information on function tests

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assigned to the respective departments concerned, a web screen for a rehabilitation service for physical therapy and occupational therapy, and a web screen for radiotherapy (Campbell; col. 5, lines 33-61, col. 8, lines 1-25, col. 9, lines 5-40).

P. Claim 16 has been amended now to recite the method of claim 15, wherein when the clinical laboratory staff's web screen is a web screen for displaying information on function tests assigned to the respective departments concerned, the main menu block comprises menu items selected from the group consisting of order view, reservation query, reservation, registration, execution, interpretation and statistics related to examination, examination code management, reservation and registration of laboratory standard information, and a clinical laboratory registration menu, the method further comprises the act of (5) the controller outputting the information corresponding to the selected menu item to the patient information input/output block and storing the input information input through the patient information input/output block (Campbell; col. 8, lines 1-25, col. 9, lines 5-40).

Q. Claim 17 has been amended now to recite the method of claim 15, wherein when the clinical laboratory staff's web screen is a web screen for displaying information on rehabilitation, the method further comprises the act of (6) the main menu block g-311b including at least one menu item selected from the group consisting of an outgoing patient query menu, a patient identification query menu, a registration menu, a therapist allocation menu, a treatment

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schedule query menu, and a statistics menu, and the controller outputs the information corresponding to the selected menu item to the patient information input/output block and stores the input information input through the patient information input/output block (Campbell; col. 8, lines 1-25, col. 9, lines 5-40).

R. Claim 18 has been amended now to recite the method of claim 15, wherein when the clinical laboratory staff's web screen is a web screen for displaying information on health examination for medical checkup for health promotion, the method further comprises the act of (7) the controller outputting a plurality of health examination menu forms in a standard type of package, receiving and storing reservation registrations and outputting contents corresponding to the registrations, and receiving and storing data resulting after checking whether the health examination has been executed (Campbell; col. 8, lines 1-25, col. 9, lines 5-40).

S. Claim 20 has been amended now to recite the method of claim 15, wherein information displayed when the menu items are selected is information input through at least one terminal selected from the physician terminal, the nurse terminal, the clinical laboratory staff terminal, and the administrative staff terminal (Campbell; abstract, col. 2, lines 14-21, col. 3, lines 34-46).

T. Claim 21 has been amended now to recite an online medical information management method applied to a medical information providing system, comprising the acts of:

(1) managing medical information necessary for patient care by a controller

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transmitting a physician's web screen, a nurse's web screen, and a clinical laboratory staff's web screen for medical information management to each of a physician terminal, a nurse terminal, and a clinical laboratory staff terminal, which are connected to the service providing system through a network, and storing the medical information to allow the user to share the information input through the respective terminals through the web screens (Campbell; col. 6, lines 20-63);

(2) when there is a request for viewing decision support information through a menu item supplied from the at least one of the physician's web screen, the nurse's web screen, and the clinical laboratory staff's web screen, the controller supplying pertinent decision support information retrieved from the decision support information stored in a decision support management unit 18 to the requesting user through the corresponding decision support web screen (Campbell; col. 7, lines 30-56);

(3) the controller storing information input by at least one user selected from a physician, a nurse or a clinical laboratory staff member through the physician's decision support web screen and, when it is necessary to convert the input information based on prestored patient information, performing a pertinent calculation and supplying the calculation result through the decision support web screen (Campbell; abstract, col. 9, lines 5-40); and

(4) the controller allowing the information input through the decision support web screen to be viewed through the user's web screen and issuing an alert message to the user's web screen when the information input through the user's web

screen is inappropriate information with respect to the decision support information stored in the decision support management unit, the decision support information including at least one information item selected from the group consisting of anticancer agent information, antibiotics information, blood transfusion prescription information, and medicine information (Campbell; col. 13, line 58 to col. 14, line 35).

U. Claim 25 recites the method of claim 21, wherein the medication information web screen of the decision support web screen, for inputting and viewing a variety of medication information, displays at least one information item selected from the group consisting of brand name, generic name, dose, dosage, instructions for use, unit, pharmaceutical company, dosage form, insurance price and code, and information on dose limitations, medication code, medication interaction code, interacting medication code, medication contraindication code, contraindicating item code, allergy code, allergen code, insurance stipulations that may contain period of medication prescription, information on dosage, information on names of medication and diagnosed illness, and information on order of medication use, each of the information items being categorized into information on prescription for medication, information on medication warning, information on insurance stipulations, and information on medication classification (Campbell; col. 15, lines 29-52, col. 19, lines 20-39).

V. Claim 26 has been amended now to recite the method of claim 21, wherein when a user authorized for management requests through the user's

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web screen at least one function selected from the group consisting of correcting, deleting and editing of the decision support information and registration of new decision support information, the method further comprising the step of (5) displaying the function on the decision support web screen for a manager.

***Claim Rejections - 35 USC § 103***

6. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

7. Claims 19, 22, 23, 24 are rejected under 35 U.S.C. 103(a) as being unpatentable over Campbell et al. (hereinafter Campbell) (U.S. Patent No. 6,047,259).

A. Claim 19 has been amended now to recite the method of claim 15, wherein when the clinical laboratory staff's web screen is a web screen for displaying information on the treatment result by radiotherapy, the method further comprises the act of (8) the controller outputting information on a patient to be subjected to radiotherapy, and receiving and storing data resulting after checking whether the radiotherapy has been executed.

Campbell teaches treatment results in col. 1, line 62 to col. 2, line 13 and col. 6, lines 47-55. Campbell fails to expressly teach the treatment result by radiotherapy; however, it would have been an obvious option to include "radiotherapy treatment results" into Campbell's interactive method for managing physical exams.



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B. Claim 22 recites the method of claim 21, wherein the decision support web screen for displaying various types of information on an anticancer agent contains at least one submenu item selected from the group consisting of Select Regimen, View clinical laboratory test results and Modify Regimen, Prescribe Regimen, Prescribe antiemetics, and Discharge plan, the anticancer agent web screen performing at least one function selected from the group consisting of management of an anticancer agent protocol, issuance of a prescription for the anticancer agent, query of information on related medications, and access to a patient's blue sheet.

Campbell teaches test results in col. 8, lines 1-26. Campbell fails to expressly teach the anticancer agent; however, it would have been an obvious option to include "anticancer agent" into Campbell's interactive method for managing physical exams including the lab tests.

C. Claim 23 recites the method of claim 21, wherein the antibiotics web screen of the decision support web screen for providing a variety of information related to antibiotics allows antibiotic-related information including type and dose of antibiotics used for specific illnesses or indications to be managed in a database and performs functions of controlling/managing actual prescriptions issued.

Campbell teaches displaying prescription dosage and frequency in col. 19, lines 20-39. Campbell fails to expressly teach the antibiotics web screen of the decision support web screen for providing a variety of information

related to antibiotics allows antibiotic-related information; however, it would have been an obvious option to include “antibiotic- related information” into Campbell's interactive method for managing physical exams including the prescriptions.

D. Claim 24 recites the method of claim 21, wherein the blood transfusion prescription information screen supplies the user with various types of information including detailed information on blood components to be transfused to the patient on a quantity of blood components suitable for the patient's status, receives and stores transfusion-related orders, and supplies the user with order contents through the user's web screen when there is a request for the orders.

Campbell teaches lab test results and displaying prescription dosage/frequency as explained in claims 22-23. Campbell fails to expressly teach the blood transfusion prescription information screen; however, it would have been an obvious option to include “the blood transfusion prescription information screen” into Campbell's interactive method for managing physical exams including the prescriptions and lab results.

### ***Conclusion***

8. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not used prior art teach Medical records, documentation, tracking and order entry system 5823948 A.

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9. Any inquiry concerning this communication or earlier communications from the examiner should be directed to DILEK B. COBANOGLU whose telephone number is (571)272-8295. The examiner can normally be reached on 8-4:30.

10. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Robert Morgan can be reached on 571-272-6773. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

11. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Dilek B Cobanoglu/  
Examiner, Art Unit 3626